MAY 2 3 2008

PTO/SB/22 (10-07) Approved for use through 10/31/2007. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)			
FY 2008	1934-013-03			
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application Number 10/683,929	Filed October 9, 2003			
For PIPELINE ACCELERATOR THAT RECEIVES OR TRANSMI RELATED SYSTEM AND METHOD	TS DATA VIA A MESSAGE, AND			
Art Unit 2183	Examiner David J. Huisman			
This is a request under the provisions of 37 CFR 1.136(a) to extend the periapplication.	iod for filing a reply in the above identified			
The requested extension and fee are as follows (check time period desired a	and enter the appropriate fee below):			
<u>Fee</u>	Small Entity Fee			
One month (37 CFR 1.17(a)(1)) \$120	\$60 \$			
Two months (37 CFR 1.17(a)(2)) \$460	\$230 \$ \$460.00			
Three months (37 CFR 1.17(a)(3)) \$1050	\$525 \$			
Four months (37 CFR 1.17(a)(4)) \$1640	\$820			
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115 \$			
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this a	application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may				
Deposit Account Number Thave enclosed a	I			
WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038.	nation should not be included on this form.			
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3 Statement under 37 CFR 3.73(b) is enclosed (Form				
	37,560			
atterney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34				
	May 20, 2008			
- Signature				
Wan Santarelli	Date (425) 455-5575			
Typed or printed name	Telephone Number			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representations is required, see below.				
Total of forms are submitted.	n or retain a benefit by the public which is to file (and by the			
his collection of information is required by 37 CFR 1.136(a). The information is required to obtain JSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 complete, including gathering, preparing, and submitting the completed application form to the USP comments on the amount of time you require to complete this form and/or suggestions for reducing J.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2 CORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2 Myou need assistance in completing the form, call 1-800-PTO-	TO. Time will vary depending upon the individual case. Any statistic burden, should be sent to the Chief Information Officer, 22313-1450. DO NOT SEND FEES OR COMPLETED xandria, VA 22313-1450.			

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL For FY 2008 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$)	612/		•	rea to re	spond to a collection			ays a valid OMB control number		
Filing Date	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		, , , , , , , , , , , , , , , , , , , 			·WII				
FIGURE TY 2008 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$)						*************************************				
Application Type Fae (S) Fae (` -				·			
Applicant claims small entity status. See 37 CFR 1.27 Art Unit										
METHOD OF PAYMENT (check all that apply)	Applicant claims small entity status. See 37 CFR 1.27									
METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None □ Other (please identify): ✓ Deposit Account Deposit Account Number O7-1897 □ Deposit Account Name Graybeal Jackson Haley LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee ✓ Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments WARNING: Information on this form may become public. Credit card Information adurborization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEA	TOTAL AMOUNT OF PAYMENT (\$)				2.100					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 07-1897 Deposit Account Name_Graybeal Jackson Haley LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	Allottiey Bucket No. 1934-013-03									
Deposit Account Deposit Account Number: 07-1897 Deposit Account Name. Graybeal Jackson Haley LLP	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	Check Credit Card Money Order Other (please identify):									
Charge fee(s) indicated below	Deposit Account Dep	osit Accoun	t Number: <u>07-1897</u>		Deposit Acc	count N	_{ame:} Graybeal Jac	ckson Haley LLP		
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MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION				ts of fee	e(s) Credit	any ov	erpayments			
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Filing Fee (\$) Fee (\$)	1. BASIC FILING, SEARC	H. AND	EXAMINATION F	FES				·		
Application Type		FILING FEES SEARCH FEES EXAMINATION FEES								
Utility 310 155 510 255 210 105	Application Type			Fee (\$)		Fee		Fees Paid (\$)		
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Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Design	210	105	100	50	130	0 65			
Provisional 210 105 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	210	105	310	155	160	90			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 46 - 20 or HP = 26 x \$ = \$ Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = Fee Paid (\$) Other (e.g., late filing surcharge): Two Months Extension of Time Fee \$460 A60	Reissue	310	155	510	255	620	310			
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SUBMITTED BY	·		7///	-	•			460		

Registration No. (Attorney/Agent) 37,560

Telephone (425) 455-5575

Name (Print/Type) Bryan A. Santarelli

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.